

LAPAROSCOPIC APPENDECTOMY

The principles behind laparoscopic appendectomies are similar to those for other laparoscopic procedures

All patients should have an indwelling urinary catheter and nasogastric tube inserted prior to trocar insertion.

uptodate.dratef.net

The text "dratef.net" is enclosed in a red oval.

dratef.net

LAPAROSCOPIC

The text "APPENDECTOMY" is in blue with a grey shadow effect.

APPENDECTOMY



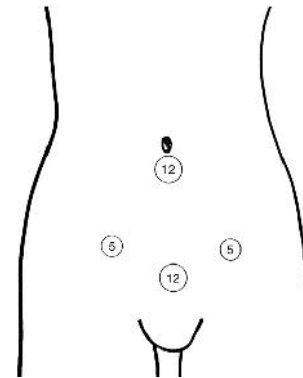
**Showing Caecum and
suppurative appendicitis**



**Showing Caecum and
catarrhal appendicitis**

The surgeon frequently stands to the patient's left with the video monitor at the foot of the table, or to the patient's right.

Pneumoperitoneum is established and a 10-mm trocar cannula is inserted through the umbilicus.



**Showing Sites of the trocars in lower
abdominal laparoscopy**

A 10-mm forward-viewing laparoscope is placed through the cannula and the peritoneal cavity is inspected.

Next, a 10-mm trocar is introduced into the suprapubic region in the midline and additional 5-mm ports placed in either the right upper or lower quadrant.

Exposure is facilitated by placing the patient in the Trendelenburg position, right side up. Generally the cecum is easily visualized and the appendix easily identified.

**Showing Cecum and
catarrhal appendicitis**



Grasping mesoappendix

The mesoappendix is divided with a stapling device or by using electrocautery for dissection and clips or a ligating loop to secure the appendiceal artery.



**Showing gangrenous
appendicitis**

Gentle traction can be applied to the mesoappendix by retracting the tip of the appendix with an atraumatic grasper placed through the right upper quadrant trocar.



**Showing Cauterization of the
marginal appendicular artery**



**Clipping of the appendix near the
base**



Alternatively, the appendix could be divided using a stapling device.

Second option to ligate the appendix with endoloop



Secure the knot with the Knot tier of the endoloop



Second clip on the appendix



The appendix is divided with scissors or electrocauterization. Invagination of the appendiceal stump is not routinely performed.



**Grasping the cut (Proximal) end
of the appendix**



Removal of the appendix via umbilical trocar

**Cutting the rest of the
endoligature**



Freed appendix



<http://dratef.net/>

<http://dratefahmed.blogspot.com/>

<http://uptodate.dratef.net>

<http://tv.dratef.net/>

<http://books.dratef.net/>

<http://feeds.feedburner.com/Dratefnet>

<https://www.facebook.com/onlinemedicalbook/>

<https://www.facebook.com/onlineSurgicalbook/>

<https://twitter.com/DrATEFAHMED>

<https://twitter.com/medicalbook1>

<https://www.instagram.com/dr.atefahmed/>

<https://www.linkedin.com/in/dratef/>

<https://www.pinterest.com/shoppingdealer2/>

<http://feeds.feedburner.com/semnatv/wxHK>

<http://shoppingggdealer.com/>

<http://ymarryme.com/>

<http://semnatv.com/>